

**UNITED STATES BANKRUPTCY COURT**  
**- MIDDLE DISTRICT OF TENNESSEE -**

**TRANSCRIPT REQUEST FORM**

Please complete one form for each trial or hearing, attach payment (search fee only),  
and deliver to Clerk's office at: 701 BROADWAY, ROOM 170, NASHVILLE, TN 37203  
or file electronically through CM/ECF.

<b>1. NAME OF PARTY REQUESTING TRANSCRIPT</b>		<b>2. DATE OF ORDER</b>	
<b>3. EMAIL ADDRESS</b>		<b>4. PHONE NUMBER</b>	
<b>5. MAILING ADDRESS</b>			
<b>6. CASE NUMBER</b>	<b>7. CASE NAME</b>	<b>8. JUDGE</b>	
<b>9. DATE(S) OF HEARING/TRIAL</b> (If hearing/trial was on multiple days, please fill in all days hearing/trial held)  From _____ to _____			
<b>10. ORDER IS FOR</b> APPEAL                      BANKRUPTCY                      ADVERSARY OTHER: _____			
<b>11. PORTIONS REQUESTED</b> (Indicate the portion of the hearing/trial requested) Entire Hearing/Trial                      Court Ruling Only Voir Dire                                      Testimony of (Specify Name): Opening Statement (Plaintiff)                      _____ Opening Statement (Defendant)                      _____ Closing Statement (Plaintiff)                      _____ Closing Statement (Defendant)                      Other: _____			
<b>12. REQUESTED TURNAROUND TIME</b> Daily (24-Hour)                      7-Day Expedited 14-Day Expedited                      Standard (30-Day)			
<b>13. NUMBER OF COPIES REQUESTED</b> (Transcript request includes 1 copy for the Court)			
<i>By signing below, I certify that I will pay all charges for the preparation of the transcript, including search fee, deposit, and any additional charges as specified by the assigned transcriptionist.</i>  _____ Signature of Person Ordering                      Date			
FOR COURT USE ONLY		DATE	BY
ORDER RECEIVED BY INTAKE			
SEARCH FEE PAID			
FILE(S) UPLOADED			